

**CAP-MR/DD WAIVER TRANSITION
QUESTION AND ANSWER #5
July 26, 2005**

Provider Enrollment-Residential Supports	Can Residential Supports be provided by a provider agency other than the residential provider?	Residential Supports are provided in licensed residential settings or unlicensed AFLs and are intended to be provided by the residential provider who holds the license. For those AFLs who hold an individual license but the parent company provides the service provision, the parent provider will submit the enrollment packet to provide Residential Supports and attach the license for each specific home.
Provider Enrollment-Certification Letter	To whom should the provider enrollment packet be submitted, DMH or DMA or both?	All provider packets for the new waiver services of Day and Residential Supports (Provider Participation application, license as appropriate, certification letter from LME) should be submitted to Adrina Jones in Accountability Team. (See Provider Enrollment documents on the web for address.)
Provider Enrollment-Certification Letter	If a provider located in one catchment area has AFL homes in another catchment area, who is responsible for writing the Certification Letter?	Each LME is responsible for completing a Certification Letter for each provider of Day and Residential Supports in their catchment area.
Provider Enrollment	Although it is not a requirement that the LME do a full certification review on providers who want to enroll to provide Day and Residential Supports, if the LME feels it is needed may they do a review?	In order to insure that there is no loss of services to individual waiver participants, the Division has collaborated with DMA to develop an expedited enrollment process. Therefore, it is not recommended that a full review be conducted at this time unless health and safety is in question. All enrolled CAP-MR/DD providers will go through the full endorsement process when the CAP window for endorsement is opened.

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Provider Enrollment	As we begin scheduling visits to unlicensed AFL homes what type of documentation needs to be submitted to show that they are safe to continue to provide services? Will this be left up to the LME?	This will be left up to the LME.
Cost Summary	We have many concerns regarding the new automated Cost Summary. Is it possible to have a “no frill” version of the Cost Summary?	It is the responsibility of the LME to track and monitor CAP-MR/DD waiver allocations. The automated Cost Summary is a tool to assist the LME in tracking and monitoring individual costs. The Division has received positive response to the use of this tool. If an LME prefers to print out the Cost Summary and use it manually, they may do so. Specific training on the new Cost Summary is being planned.
Cost Summary	Transition Cost Summaries are only required to have new waiver services on them, beginning with Sept. 1 and going to the CNR month? Do the old waiver services count toward the Cost Summary when considering second and third level reviews?	Yes.
Cost Summary	Since the new Cost summary is set up for new waiver services only, will two cost summaries have to be submitted with the waiver transition revisions?	This is up to the LME local approver, but is not required by the Division.

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Cost Summary	The updated Cost Summary has services set for a monthly basis. Respite services are by the year. If a family does not use the respite for that month will the amount still be available for them to use?	Yes. Whatever is indicated in the Plan of Care and approved is available to the individual/family. It is expected that there will be variability in the amounts used per month.
Service Orders	Since the new automated Cost Summary is based on units, how should service orders be written?	Case managers may choose to write service orders per units as noted on the Cost Summary or they may convert the units to hours, etc. as they prefer.
Plan of Care	Should case managers begin to use the new Plan of Care format and Cost Summary for birthdays in Aug.?	Yes. Since August CNRs are implemented Sept. 1 the new format should be used.
Local Approval	The crosswalk of March 17 seems to say if that if the service is a direct crosswalk, it would not need to go through local approval unless there was change in frequency or duration. However, the Q & A dated 7/21/05 indicates that everyone will have to have a revision and go through local approval. Please explain.	A crosswalk describing LME and case management processes for each service is being added to the Division website as a guide. It is not a requirement that this guide be used; LMEs may develop their own processes. (This guide was originally designed by Western Highlands as a tool for transition.)
Local Approval	Must Division level reviews be completed within the LME local approval timelines?	Yes.

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Targeted Case Management	Is Targeted Case Management being implemented in Sept. with implementation of the waiver?	No. TCM has not yet been approved by CMS. Since waiver case management (T2022) will no longer be available with implementation of the new waiver, DD Case Management (T1017HI) will be billed until implementation of TCM.
Targeted Case Management	We have a number of agencies merging with each other but retaining their original CAP enrollment provider numbers. Since agencies may not provide case management and direct services to the same consumer, how should these situations be treated?	Provider agencies, including their subsidiary corporations, related partners, or closely allied entities , may not provide case management and waiver services to the same person. Providers such as these would be considered a subsidiary, partner, or closely related entity and therefore may not provide cmgt and waiver services to the same person.